SERFF Tracking Number:	*ALLE-126777862*	*State:*	*Arkansas*
Filing Company:	*Allianz Life Insurance Company of North America*	*State Tracking Number:*	*46739*
Company Tracking Number:	*REINSTATEMENT APPLICATION S2240*		
TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
Product Name:	*Reinstatement Application S2240*		
Project Name/Number:	*Reinstatement Application S2240/Reinstatement Application S2240*		

Filing at a Glance

Company: Allianz Life Insurance Company of North America

Product Name: Reinstatement Application S2240	SERFF Tr Num: ALLE-126777862	State: Arkansas
TOI: L08 Life - Other	SERFF Status: Closed-Approved-Closed	State Tr Num: 46739
Sub-TOI: L08.000 Life - Other	Co Tr Num: REINSTATEMENT APPLICATION S2240	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Author: Patricia Evans	Disposition Date: 09/13/2010
	Date Submitted: 09/08/2010	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: Reinstatement Application S2240	Status of Filing in Domicile: Pending
Project Number: Reinstatement Application S2240	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 09/13/2010	Explanation for Other Group Market Type:
	State Status Changed: 09/13/2010
Deemer Date:	Created By: Patricia Evans
Submitted By: Patricia Evans	Corresponding Filing Tracking Number:

Filing Description:

Re: Allianz Life Insurance Company of North America/ NAIC # 90611 / FEIN #41-1366075
Individual Life Filing – S2240-AR

The following form is enclosed for your review.

SERFF Tracking Number:	*ALLE-126777862*	*State:*	*Arkansas*
Filing Company:	*Allianz Life Insurance Company of North America*	*State Tracking Number:*	*46739*
Company Tracking Number:	*REINSTATEMENT APPLICATION S2240*		
TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
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Project Name/Number:	*Reinstatement Application S2240/Reinstatement Application S2240*		

S2240-AR Policy Change/Reinstatement Application

The above referenced form is new and does not replace a previously approved form.

Form S2240-AR is an Application for Life Insurance Policy Change/Reinstatement that, upon approval, is intended to be used with previously approved life insurance policy forms, and other applicable life insurance products that may be approved in the future, when a policy change or reinstatement is being requested.

To the best of our knowledge and belief, the above form conforms to all state statutes, insurance regulations, and department requirements.

Thank you for your consideration of this filing. If you have any questions, or if you need additional information to complete your review, please call me at 800.328.5601, extension 47135, send a fax to me at 763.582.6495, or send a note electronically to me at patricia.evans@allianzlife.com.

Company and Contact

Filing Contact Information

Patricia Evans, Compliance Analyst	Patricia.Evans@Allianzlife.com	
5701 Golden Hills Drive	763-765-7135 [Phone]	
Minneapolis, MN 55416	763-765-6306 [FAX]	

Filing Company Information

Allianz Life Insurance Company of North America	CoCode: 90611	State of Domicile: Minnesota
5701 Golden Hills Drive	Group Code: 761	Company Type: 05
Minneapolis, MN 55416-1297	Group Name:	State ID Number:
(800) 328-5601 ext. [Phone]	FEIN Number: 41-1366075	

Filing Fees

Fee Required?	Yes
Fee Amount:	$125.00
Retaliatory?	Yes
Fee Explanation:	Retaliatory fee is greater than state fee of $50.00
Per Company:	No

SERFF Tracking Number:	*ALLE-126777862*	*State:*	*Arkansas*
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Product Name:	*Reinstatement Application S2240*		
Project Name/Number:	*Reinstatement Application S2240/Reinstatement Application S2240*		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allianz Life Insurance Company of North America	$125.00	09/08/2010	39319964

SERFF Tracking Number:	*ALLE-126777862*	*State:*	*Arkansas*
Filing Company:	*Allianz Life Insurance Company of North America*	*State Tracking Number:*	*46739*
Company Tracking Number:	*REINSTATEMENT APPLICATION S2240*		
TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
Product Name:	*Reinstatement Application S2240*		
Project Name/Number:	*Reinstatement Application S2240/Reinstatement Application S2240*		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/13/2010	09/13/2010

SERFF Tracking Number:	*ALLE-126777862*	*State:*	*Arkansas*
Filing Company:	*Allianz Life Insurance Company of North America*	*State Tracking Number:*	*46739*
Company Tracking Number:	*REINSTATEMENT APPLICATION S2240*		
TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
Product Name:	*Reinstatement Application S2240*		
Project Name/Number:	*Reinstatement Application S2240/Reinstatement Application S2240*		

Disposition

Disposition Date: 09/13/2010
Implementation Date:
Status: Approved-Closed
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*ALLE-126777862*	*State:*	*Arkansas*
Filing Company:	*Allianz Life Insurance Company of North America*	*State Tracking Number:*	*46739*
Company Tracking Number:	*REINSTATEMENT APPLICATION S2240*		
TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
Product Name:	*Reinstatement Application S2240*		
Project Name/Number:	*Reinstatement Application S2240/Reinstatement Application S2240*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Statement of Variability		Yes
Form	Reinstatement Application		Yes

SERFF Tracking Number:	*ALLE-126777862*	*State:*	*Arkansas*
Filing Company:	*Allianz Life Insurance Company of North America*	*State Tracking Number:*	*46739*
Company Tracking Number:	*REINSTATEMENT APPLICATION S2240*		
TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
Product Name:	*Reinstatement Application S2240*		
Project Name/Number:	*Reinstatement Application S2240/Reinstatement Application S2240*		

Form Schedule

Lead Form Number: S2240-AR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	S2240-AR	Application/ Enrollment Form	Reinstatement Application	Initial		50.000	S2240-AR.pdf

Allianz Life Insurance Company
of North America
[PO Box 59060
Minneapolis, MN 55459-0060
800.950.1962
Fax: 763.582.6006]

Application for Life Insurance Policy Change/Reinstatement

Type of Change Being Requested

Existing Policy Number: _____

Primary Insured Name: _____

☐ Reinstatement – provide reason for lapse: _____

This application needs to be completed for each insured (one per insured) except for the Child Term Rider (see below) _____

☐ Policy Change (Select the change type below):

- ☐ Increase face amount to: $_____
- ☐ Rate reduction (Please check the type of rate reduction below):
  - ☐ Improved risk classification
  - ☐ Tobacco to non-tobacco rates
  - ☐ Table rating reduction
  - ☐ Removal of flat extra
  - ☐ Other: _____
- ☐ Add an insured (This application needs to be completed for each insured, one per insured)
- ☐ Add a rider (varies by product)
  Provide name of rider desired: _____ Provide amount of rider desired: _____

For the Child Term Rider (CTR) please provide:

Name of Child	Birthdate (mm/dd/yyyy)	Gender
Name of Child	Birthdate (mm/dd/yyyy)	Gender
Name of Child	Birthdate (mm/dd/yyyy)	Gender

(If more children are to be covered, please provide the same information in Special Requests section.)

Insured Information

Primary Insured: _____ _____
First Middle Last Birthdate (mm/dd/yyyy)

Proposed Insured: _____ _____
First Middle Last Birthdate (mm/dd/yyyy)

Address: _____ City: _____ State: _____ ZIP code: _____

Home phone number: _____ Work phone number: _____

Cell phone number: _____

Email Address (If we may contact you by email): _____

Please complete all of the following sections of this application.

Occupational/Financial Information

Current Employer's Name: ____________________ Occupation/Duties: ____________________
(If self-employed, please include the type of business.)

Length of Employment: ____________________ (Number of years and months.)

If less than 2 years, please provide previous employer, occupation and length of employment:

____

Net Worth: $__________ Gross Annual Income: $__________

Are you limited from working full time? ☐ Yes ☐ No If Yes, please provide details: ____________________

Insurance Activity

Total amount of life insurance in force or applied for? $__________

Name of Company: ____________________ Face Amount: $__________ Date Issued/Applied For: __________
☐ Applied For ☐ Inforce If applied for, will both/all policies be taken? ☐ Yes ☐ No

Name of Company: ____________________ Face Amount: $__________ Date Issued/Applied For: __________
☐ Applied For ☐ Inforce If applied for, will both/all policies be taken? ☐ Yes ☐ No

Name of Company: ____________________ Face Amount: $__________ Date Issued/Applied For: __________
☐ Applied For ☐ Inforce If applied for, will both/all policies be taken? ☐ Yes ☐ No

Name of Company: ____________________ Face Amount: $__________ Date Issued/Applied For: __________
☐ Applied For ☐ Inforce If applied for, will both/all policies be taken? ☐ Yes ☐ No

For additional insurance in force or applied for, please provide the same information in Special Requests section.

Have you ever been charged an extra premium or been declined coverage with another company? ☐ Yes ☐ No

If Yes, please provide details: ____________________

Non-medical Section **(Please provide the details at the end of this section to any "No" answer for Questions [1, 3, 14 & 15] and any "Yes" answer for Questions [2, 3a, 5, & 7-14])**

1. Are you a U.S. Citizen? .... ☐ Yes ☐ No
   a. If no, do you hold a green card? .... ☐ Yes ☐ No
   Provide green card number: ____________________
2. Are you a member or do you intend to become a member of the armed forces including reserves? .... ☐ Yes ☐ No
3. Do you currently drive? .... ☐ Yes ☐ No
   Drivers license number: ____________________ Issue state: __________
   a. If yes, have you had any moving violations, including driving under the influence, or your driver's license suspended or revoked in the past 10 years? *(Please provide date(s) and violation type(s).)* .... ☐ Yes ☐ No
4. Have you ever flown or plan to fly as a pilot or student pilot? *(If yes, please complete the aviation questionnaire.)* .... ☐ Yes ☐ No
5. Do you intend to travel outside the US or Canada within the next two years? .... ☐ Yes ☐ No
   (If yes, please provide reason for travel, anticipated dates of travel, including frequency of travel, where you'll be traveling –name of country and locale, and length of travel.)
6. Have you engaged in, or do you intend to engage in, any sports, such as powered vehicle racing, ballooning, hang gliding, scuba diving, sky diving, mountain climbing, cave exploring, rodeos, bungee jumping or any record events? .... ☐ Yes ☐ No
   (If yes, please complete the avocation questionnaire.)

Non-medical Section *(continued)*

7. Have you smoked one or more cigarettes or used another form of tobacco/nicotine within the past 10 years? ☐ Yes ☐ No
   (If yes, please include date of last use, type of tobacco or nicotine, and amount used.)
8. Do you drink alcoholic beverages? ☐ Yes ☐ No
   (If yes, please indicate frequency, number of drinks per occasion and type of alcohol used.)
9. Have you ever been convicted of a crime or are you currently on probation? ☐ Yes ☐ No
   (If yes, please provide type of conviction(s), name of county and state where convicted, and date(s) of convictions.)
10. Has anyone offered you "free insurance," a cash payment, or some other promised benefit as an incentive to apply for reinstatement or a coverage change? ☐ Yes ☐ No
11. Have you been involved in any discussions regarding selling this life insurance policy? ☐ Yes ☐ No
12. Have you had, or have you discussed having, an evaluation to determine your life expectancy by any person, entity, other than Allianz or its representative, in the last one year period or the next one year period? ☐ Yes ☐ No
    (If yes, please explain.)
13. Have you discussed changing ownership or beneficiaries once this request for reinstatement or policy change is issued? ☐ Yes ☐ No
    (If yes, please provide the changes that will be made.)
14. Will any portion of the premium for this insurance be financed? ☐ Yes ☐ No
    (If No, what source of funds will be used to pay for this policy? (for example, income, savings, investments, or mortgage)
    Will any portion of the premium for this insurance be paid for by someone else? If Yes, by whom?)
    (If Yes, are you obligated to repay the loan? What is the plan to repay the loan? Will you be able to pay the premiums on the policy if you were not able to renew the loan at some time in the future?)
15. Do you have sufficient liquid assets available for living expenses and emergencies in addition to the money allocated to pay the life insurance premiums? ☐ Yes ☐ No

Please provide the details to any "No" answer for Question [1, 3, 14 & 15] and any "Yes" answer for Questions [2, 3a, 5, & 7-14].

Question	Details

Medical Section **(Please provide the details at the end of this section to any "Yes" answer for Questions [4 through 19].)**

1.

Name of your personal physician:	Address of your personal physician:
Phone number of your personal physician:	Date of last visit (mm/dd/yyyy):
Reason consulted:	Diagnosis made – Treatment Prescribed:

2. Your height in feet and inches: _____' _____" 3. Your weight in pounds: _____ lbs.
4. Has your weight changed 10 pounds or more (weight loss or gain) in the past 12 months? ☐ Yes ☐ No
5. Do you have any physical deformity or defect? ☐ Yes ☐ No
6. Within the past five years, have you refused recommended surgery or treatment? ☐ Yes ☐ No
7. Within the past 10 years, have you received medical advice or has treatment been recommended or received for:
   a. Any disease or abnormality of the brain or nervous system, including depression, psychiatric or mental disorder, seizures, stroke or Transient Ischemic Attack (TIA), Parkinson's disease, Multiple Sclerosis, Amyotrophic Lateral Sclerosis (ALS), Muscular Dystrophy, dizziness, numbness or weakness? ☐ Yes ☐ No
   b. Any disease or abnormality of the heart or blood and blood vessels Including high blood pressure, heart attack or coronary artery disease, congestive heart failure, irregular heartbeat, peripheral vascular disease, anemia or other blood disorder? ☐ Yes ☐ No

Medical Section *(continued)*

c. Any disease or abnormality of the lungs or respiratory system including asthma, emphysema or chronic obstructive pulmonary disease (COPD), or sleep apnea? ☐ Yes ☐ No

d. Any disease or abnormality of the liver, pancreas, rectum or intestines, stomach or esophagus including hepatitis or cirrhosis, Barrett's esophagus, Crohn's or Ulcerative colitis? ☐ Yes ☐ No

e. Any disease or abnormality of the kidneys or urinary system, breasts, prostate or reproductive system including sexually transmitted diseases other than Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)? ☐ Yes ☐ No

f. Diabetes or any other disease or abnormality of the thyroid or other glands? ☐ Yes ☐ No

g. Any disease or abnormality of the joints, muscle or bones including arthritis, fibromyalgia, fatigue, systemic lupus (SLE), back trouble, osteoporosis or joint replacement? ☐ Yes ☐ No

h. Any disease or abnormality of the eyes, ears, nose, throat or skin? ☐ Yes ☐ No

i. Any disease or abnormality of the immune system (other than HIV or AIDS)? ☐ Yes ☐ No

8. Have you ever received medical advice or has treatment been recommended or received for any cancer, tumor or other abnormal growth? ☐ Yes ☐ No

9. Within the past 12 months, have you noticed any lump in your breast, lymph nodes or elsewhere on your body? ☐ Yes ☐ No

10. Have you ever received treatment for or been diagnosed by a member of the medical profession for positive HIV status, AIDS or AIDS Related Complex (ARC)? ☐ Yes ☐ No

11. Within the past 10 years, have you used marijuana, cocaine, heroin, amphetamines, barbiturates, morphine, LSD, PCP, or any other hallucinogenic or narcotic drug or controlled substance? ☐ Yes ☐ No

12. Within the past 10 years, have you been advised to seek or had treatment for alcohol or drug dependency? ☐ Yes ☐ No
(If yes, please include the date(s) of treatment, type of treatment and name of facility, if applicable.)

13. Have you been prescribed, or are you presently taking medication including prescription, nonprescription, or alternative remedies (i.e. holistic or herbal)? ☐ Yes ☐ No

14. Within the past five years, other than above, have you consulted, or had any checkup or physical consultation by a medical professional, had any diagnostic testing (other than HIV or AIDS), been a patient in a hospital, clinic or sanitarium, or have you had or been advised to have surgery? ☐ Yes ☐ No

15. Within the past ten years, have you been treated or diagnosed with any other medical condition(s) not previously disclosed? ☐ Yes ☐ No

16. Within the past five years, have you received benefits from a disability or long term care insurance plan, State assistance program (Medicaid) or Worker's compensation? ☐ Yes ☐ No

Complete Questions 17 – 19 only if age 66 and above, or reinstating the Long Term Care Accelerated Benefit Rider

17. Do you or have you, within the past 12 months, required assistance or supervision; or are you limited in any way from performing any daily activities such as bathing, dressing, toileting, managing money, using the telephone, driving, eating, mobility or managing medication? ☐ Yes ☐ No

18. Do you or have you, within the past 12 months, required or used a cane, braces, walker, wheelchair, other medical appliance such as catheter, oxygen equipment, respirator or dialysis machine? ☐ Yes ☐ No

19. Within the past five years, have you been diagnosed with, or treated by a member of the medical profession for, incontinence, imbalance or gait disturbance, falls, confusion, dementia, Alzheimer's disease or memory loss? ☐ Yes ☐ No

Please provide the details to any "Yes" answer for Questions [4 through 19].

Question	Date	Details or reason	Name and address of medical source or facility

Medical Section *(continued)*

20. Has any family member been diagnosed or treated for heart disease, diabetes, or cancer? ..... ☐ Yes ☐ No
(If yes, please provide details below.)

Relationship to applicant	Age at diagnosis	Type of condition diagnosed	Age at death (if applicable)

Special Requests

Acknowledgement and Signatures

I understand that the complete application consists of my written answers to the questions in this application and any supplemental applications. I agree that the questions have been answered completely and truthfully. I am aware that Allianz will rely on these answers and that if my answers are not complete and true, my policy/rider may not be valid, subject to the contestability provision in the policy. I agree that any insurance approved by Allianz for issuance/reinstatement as a result of this Application shall be considered in force only when, during the insured's lifetime and continued insurability, a policy/rider is issued/reinstated by Allianz, said policy/rider is received and accepted by me, if applicable, and the first premium/any required premium has been paid.

CAUTION: Review your answers carefully, if your answers are incorrect or untrue, Allianz has the right to deny benefits or rescind your policy, subject to the contestability provision in the policy.

Make all checks payable to Allianz Life Insurance Company of North America. Do not make checks payable to an agency, broker, agent, or leave payee blank.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Signed at: _____
City State

Primary Insured's/Proposed Insured's signature: _____ Date: _____

Owner's signature: _____ Date: _____

Please complete the following if the Long Term Care Accelerated Benefit Rider is attached to the policy.

I understand that I have the right to designate at least one person, other than myself, to receive notice of possible lapse of this life insurance policy for nonpayment of premium. I understand that this notice to my designee will not be given until 30 days after a premium is due and unpaid. Must select one:

☐ I elect **NOT** to designate any person to receive such notice.

☐ I elect to designate this person to receive such notice (name and home address):

_____

_____

_____

SERFF Tracking Number:	*ALLE-126777862*	*State:*	*Arkansas*
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Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification
Comments:
Attachment:
Certificate of Readability.pdf

Item Status: **Status Date:**

Satisfied - Item: Statement of Variability
Comments:
Attachment:
SOV Reinstatement Application S2240-AR.pdf

Allianz Life Insurance Company
of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297
800.950.7372

Allianz

CERTIFICATE OF READABILITY

Contract Form	Flesch Score
S2240-AR	50 (with contract)

It is hereby certified that each policy form listed above meets the minimum reading ease score required in your state.

The Flesch score was calculated using the text of the entire form. ("Text" is as defined by state regulations).

Each form is readable and complies with all applicable state rules and regulations as to size of print, format and arrangement.

Date: September 8, 2010

Martin G. Kline, Sr Director Actuary

Statement of Variability

Allianz Life Insurance Company of North America
Application Form S2240-AR

September 8, 2010

Each item is listed in order of appearance on the applicable form. Variable material is denoted as bracketed in the form referenced.

Page #	Variable	Rationale
1	Company Address, Phone Number, and Fax Number	Variable to indicate current mailing address, phone number, and fax number.
All Pages	Date in right-hand corner	This date will tie to the rollout date of this application.
2, 3	Questions [1, 3, 14 & 15]	If a question is removed due to a state variation, the numbering will change.
2, 3	Questions [2, 3a, 5, & 7-14]	If a question is removed due to a state variation, the numbering will change.
3, 4	Questions [4 through 19]	If a question is removed due to a state variation, the numbering will change.